fat Briker

	DEPENDENT CLAIM CULATION SHEET
•	VITU FORM PEO OFF

SERIAL NO. FILING DATE

APPLICANT(S)

FILING DATE

	AS F	ILED .	AFTER AFTER				CLAIM				ATO	Tipp		
	IND.	DEP.		DEP.	IND.	DEP.			AS FILED		AFTER "AMENDMENT		AFTER	
_1			7	1 221.	HID.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DI
2				1	1			51	 			-	HID.	101
3 ·					1			52	 	·				├─
4								<u>53</u> 54	 					
5								55						
6								56						-
								57	 					
}							ł	58						
)								59						
í								60						
	<u> </u>						İ	61		 -				
			·				F	62						
				 			ŀ	63	-]	
				ļ			ľ	64 -						
			<u> </u>		<u> </u>			65						
-								66						
_					 			67						
-							· [68						
							J.	69		- :				
							_	70						
							L	71						—
\Box					 -		ļ_	72						
							· -	73						
							-	74						
1							j -	75				-		
4							-	76					-	
Ļ							-	77 78						-
Į.							1-	79						
_							-	80						
H	·							81			<u> </u>			
╂							· -	82						
╂	 -							83						
╁								84						
╁								85						
1								86		<u> </u>	··		-	·-
+	 -	-			_			87			 -		 }-	
1	 -							88						
1								89						
十							<u> </u>	90						
T							<u> </u> _	91	I					
J							· _	92						
I				 -	 -		ļ	93				1		
				<u> </u> -			<u>}</u>	94	_					
							+	95						
			-				 	96			$-\!\!\!\!-\!$			
1		,					 	97						
1_	<u></u> [98						
4								100						
		1	Ź	#		₽.	-	ALIND.		#		-		-
		4	6.	(3		4 .	тот	AL DEP	4	一		4		1
			Q I		120	74.00	1	OTAL	日本	13801	4			_
-			1 Je	W-WATER TO		DEC 2		AIMS	125		1瞬		138	